

COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

A Public Document

2009 MAR 23 PM 2:11

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Horton	Mark	B	(916) 558-1700	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
P O Box 997377, MS 0500		Sacramento	CA	95899-7377
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California Department of Public Health

Division, Board, District, if applicable:

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: California Bay-Delta Authority

Position: Board Member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/19/09
(month, day, year)

Signature

(File the original signature)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark B Horton

▶ NAME OF BUSINESS ENTITY
Starbucks

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
coffee retailer

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Policy Studies Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
consulting company

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Southwest

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
airline

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
diversified company

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other _____
(Describe)

IF APPLICABLE, LIST DATE:
____/____/08 ____/____/08
ACQUIRED DISPOSED

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mark B Horton

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

► NAME OF SOURCE

Assoc. of State & Territorial Health Officials

ADDRESS

2231 Crystal Drive, Suite 450

CITY AND STATE

Arlington, VA 22202

BUSINESS ACTIVITY, IF ANY, OF SOURCE

nonprofit representing state & territorial health officers

DATE(S): 03 / 12 / 08 - 03 / 14 / 08 AMT: \$ 1759.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: travel, lodging, and meals to attend
ASTHO Hill Day in Arlington,
VA/Washington, DC

► NAME OF SOURCE

Assoc. of State & Territorial Health Officials

ADDRESS

2231 Crystal Drive, Suite 450

CITY AND STATE

Arlington, VA 22202

BUSINESS ACTIVITY, IF ANY, OF SOURCE

nonprofit representing state & territorial health officers

DATE(S): 05 / 07 / 08 - 05 / 08 / 08 AMT: \$ 771.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: travel, lodging, meals to speak at federal
Office of Minority Health Regional
Conversation in Scottsdale, AZ

► NAME OF SOURCE

Assoc. of State & Territorial Health Officials

ADDRESS

2231 Crystal Drive, Suite 450

CITY AND STATE

Arlington, VA 22202

BUSINESS ACTIVITY, IF ANY, OF SOURCE

nonprofit representing state & territorial health officers

DATE(S): 12 / 06 / 08 - 12 / 10 / 08 AMT: \$ 1344.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: ASTHO Policy Summit

► NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____